

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether)

In this community 28 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 1149 Case St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JAMES EDWARD CONNER

3. (b) If veteran, name war none

3. (c) Social Security No. ---

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara Randall Conner

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 4 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>20</u>	<u>--</u> hr. <u>---</u> min.

9. Birthplace Calloway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation grocer

11. Industry or business J. E. Conner Grocery Co.

12. Name James Conner

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Gilmore

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Conner

(b) Address 1149 Case St, Carthage, Mo.

17. (a) burial (b) Date thereof Oct 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fidelity Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri.

19. (a) 10-25-46 (b) L.B. Clinton M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1946 hour 2:40 minute 8 M.

21. I hereby certify that I attended the deceased from Oct 24 1946
to Oct 23 1946
that I last saw h. im alive on Oct 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Duration to personal knowledge about 3 weeks

Due to.....

Due to.....

Other conditions 51B
(Include pregnancy within 3 months of death)

Major findings: Of operations Adenocarcinoma of prostate

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

While at work?..... (Specify type of place)
(e) Means of injury 0

23. Signature L.B. Clinton M.D. (M. D. or other) 0

Address Carthage Mo Date signed Oct 25 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-10-904

FEB 3 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.